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| UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small> | | Attorney Docket No. 22135-00017-US | |
| | | First Inventor Klaus-Dieter Hammer | |
| | | Title CELLULOSE-HYDRATE-CONTAINING FOOD CASING WITH VINYLPIRROLIDONE POLYMERS | |
| | | Express Mail Label No. _____ | |

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| APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small> | ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 |
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| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small> 3. <input checked="" type="checkbox"/> Specification [Total Pages 18] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets _____] 5. Oath or Declaration [Total Sheets 3] <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies |
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| ACCOMPANYING APPLICATIONS PARTS | |
| 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small> 17. <input type="checkbox"/> Other: _____ | |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation
 ☐ Divisional
 ☐ Continuation-in-part (CIP)
 of prior application No.: _____

Prior application information: Examiner _____
 Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

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| 19. CORRESPONDENCE ADDRESS | |
| <input checked="" type="checkbox"/> Customer Number: 30678 | OR <input type="checkbox"/> Correspondence address below |
| Name _____ | |
| Address _____ | |
| City _____ | State _____ Zip Code _____ |
| Country _____ | Telephone _____ Fax _____ |

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|--|---|--|--|
| Name (Print/Type) Susan E. Shaw McBee | Registration No. (Attorney/Agent) 39,294 | | |
| Signature <i>Susan E. S McBee</i> | Date October 30, 2003 | | |

 22386 U.S. PTO
 10/695941
 103003



103003

13281 U.S. PTO

Use in lieu of PTO/SB/17 (08-03)
(Form updated to reflect FY 2004 fees effective 10/1/03)

| FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003, Patent fees are subject to annual revision.</small> | | Complete if Known | |
|---|--|--|------------------------------------|
| | | Application Number | Not Yet Assigned |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Filing Date | October 30, 2003 |
| | | First Named Inventor | Klaus-Dieter Hammer |
| | | Examiner Name | Not Yet Assigned |
| TOTAL AMOUNT OF PAYMENT (\$) | | 810.00 | Attorney Docket No. 22135-00017-US |
| METHOD OF PAYMENT (check all that apply) | | FEE CALCULATION (continued) | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None | | 3. ADDITIONAL FEES | |
| <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 22-0185 Deposit Account Name Connolly Bove Lodge & Hutz LLP | | Large Entity Small Entity | |
| The Director is authorized to: (check all that apply) | | Fee Code Fee (\$) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments | | Fee Code Fee (\$) | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application | | Fee Description | |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | | Fee Paid | |
| FEE CALCULATION | | | |
| 1. BASIC FILING FEE | | | |
| Large Entity Small Entity | | | |
| Fee Code Fee (\$) | | | |
| 1001 770 2001 385 Utility filing fee | | 770.00 | |
| 1002 340 2002 170 Design filing fee | | | |
| 1003 530 2003 265 Plant filing fee | | | |
| 1004 770 2004 385 Reissue filing fee | | | |
| 1005 160 2005 80 Provisional filing fee | | | |
| SUBTOTAL (1) (\$) | | 770.00 | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | | |
| Total Claims 19 -20** = | | Extra Claims Fee from below Fee Paid | |
| Independent Claims 2 -3** = | | 0.00 | |
| Multiple Dependent | | | |
| Large Entity Small Entity | | | |
| Fee Code Fee (\$) | | | |
| 1202 18 2202 9 Claims in excess of 20 | | | |
| 1201 86 2201 43 Independent claims in excess of 3 | | | |
| 1203 290 2203 145 Multiple dependent claim, if not paid | | | |
| 1204 86 2204 43 ** Reissue independent claims over original patent | | | |
| 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent | | | |
| SUBTOTAL (2) (\$) | | 0.00 | |
| **or number previously paid, if greater; For Reissues, see above | | | |
| SUBMITTED BY | | (Complete if applicable) | |
| Name (Print/Type) Susan E. Shaw McBee | | Registration No. (Attorney/Agent) 39,294 | Telephone (202) 331-7111 |
| Signature Susan E. Shaw McBee | | Date | October 30, 2003 |